

REQUEST FOR MOTOR TRANSPORTATION

(USAFACFS Reg 56-1, para 4)

1. Thru: Unit Transportation Coordinator: Unit/Org:	Date: (DDMMYY)
2. To: Transportation Officer, DOL	3. Requester: Unit/Org: Phone:
4. Type of Transportation Desired: (Date & Time) From: To:	5. POC/Reporting Point for Requested Transportation: Name: Reporting Point:
6. Number of Passengers: Description of Cargo:	7. Destination:
8. Driver Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Fund Cite/Cost Code:
10. Estimated Mileage:	11. Estimated Daily Trips:
12. Detailed Description of Mission:	
13. Signature of Requester:	14. Signature of Unit Trans Coordinator:
TRANSPORTATION OFFICE ACTION	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Requested Transportation Not Available <input type="checkbox"/> Reimbursable <input type="checkbox"/> Non Reimbursable	
TRANSPORTATION OFFICER:	